

United States District Court**District of the Northern Mariana Islands**

NOV 14 2005

For The Northern Mariana Islands
By _____
(Deputy Clerk)

Robert D. Bradshaw

Plaintiff

v.

SUMMONS IN A CIVIL CASE

Robert A. Bisom

et. al.

(See Attached Listing)

CASE NUMBER: CV 05-0027

Defendants

**COMPLAINT and
AMENDED COMPLAINT**

TO: (Name and address of Defendant)

Robert A. Bisom
 C/O Jay H. Sorenson
 Attorney for Robert A. Bisom
 C/O Shanghai
 PO Box 9022
 Warren, MI 48090

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

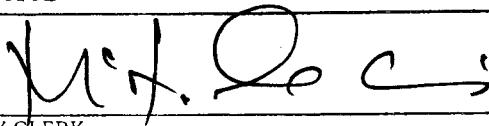
Robert D. Bradshaw
 Plaintiff, Pro Se
 PO Box 473
 1530 W. Trout Creek Road
 Calder, ID 83808, Phone 208-245-1691

an answer to the complaint which is served on you with this summons, within Twenty (20) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

SEP 22 2005

Galo L. Perez

CLERK



(By) DEPUTY CLERK

DATE

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>OCTOBER 11, 2005</u>
NAME OF SERVER (PRINT) <u>ROBERT D. BRADSHAW</u>	TITLE <u>PLAINTIFF</u>

Check one box below to indicate appropriate method of service

Served personally upon the defendant. Place where served: _____

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____

Returned unexecuted: _____

Other (specify): SERVED BY CERTIFIED MAIL, RETURN RECEIPT, COPY ATTACHED

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on Oct 11, 2005
Date

Robert D. Bradshaw
Signature of Server
Box 473
CADER, 10 83808
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

LISTING OF DEFENDANTS FOR SUMMONS

COMMONWEALTH OF THE NORTHERN)
MARIANA ISLANDS (hereafter referred to)
as the CNMI); NICOLE C. FORELLI, former)
Acting Attorney General of the CNMI, in her)
personal/individual capacity; WILLIAM C.)
BUSH, former Assistant Attorney General of)
the CNMI, in his personal/individual capacity;)
D. DOUGLAS COTTON, former)
Assistant Attorney General of the CNMI)
in his personal/individual capacity; L.)
DAVID SOSEBEE, former Assistant Attorney)
General of the CNMI, in his personal/individual)
capacity; ANDREW CLAYTON, former)
Assistant Attorney General of the CNMI, in his)
personal/individual capacity; Other)
UNKNOWN and UNNAMED person or)
persons in the CNMI OFFICE OF THE)
ATTORNEY GENERAL, in their)
personal/individual capacity, in 1996-2002;)
ALEXANDRO C. CASTRO, former Judge Pro)
Tem of the CNMI SUPERIOR COURT, in his)
personal/individual capacity; JOHN A.)
MANGLONA, Associate Justice of the)
CNMI Supreme Court, in his)
personal/individual capacity; TIMOTHY H.)
BELLAS, former Justice Pro Tem of the CNMI)
Supreme Court, in his personal/individual)
capacity; PAMELA S. BROWN, present)
Attorney General of the CNMI; in her)
personal/individual capacity;
ROBERT A. BISOM; and JAY H. SORENSEN.)
Defendants)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>X Dennis Bennett</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DENNIS BENNETT</i></p> <p>C. Date of Delivery <i>OCT 11 2005</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>MAIN PO WARREN, MI 48001</i></p>	
<p>1. Article Addressed to: <i>ROBERT A. BJORN, c/o JAY H. SORENSEN ATTORNEY FOR ROBERT A. BJORN 40541 5G HAI PO Box 9022 WARREN, MI 48090</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <i>7099 3220 0011 3672 1738</i></p>			

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
<p>Article Sent To: <i>ROBERT A. BJORN, c/o JAY SORENSEN PO Box 9022, Warren, MI 48090</i></p>		
7099 3220 0011 3672 1738	Postage	\$ <i>3.85</i>
	Certified Fee	\$ <i>2.30</i>
	Return Receipt Fee (Endorsement Required)	\$ <i>1.75</i>
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ <i>7.90</i>
<p>Name (Please Print Clearly) (To be completed by mailer) <i>Robert A. Bjorn</i></p>		
<p>Street, Apt. No.; or PO Box No. <i>Box # 473</i></p>		
<p>City, State, ZIP+4 <i>CALDER, 1083808</i></p>		

PS Form 3800, July 1999 See Reverse for Instructions